## **VOICE MAIL SYSTEM QUICK CHANGE REQUEST**

Bonney Adams 435-9919

Sue Nutter 594-9427

Voice Mail Administrators: Trish Souder 496-8497,

Date:			Your Request will be processed within 2 working days.					
			Contact Telephone #:					
			ORGANIZATION *:			BAC**		
data required number, so t	d for each transaction hat we can fax inforr	n. When the form nation back if neces	is completed, fax it ssary.	to the Voice	Mail Administrato	per request form. Enter at: 435-9907. Pleave	ase be sure to	fill in the contact fax
Type 3: Res Type 4: Add Type 6: Del Type 7: Cha	set password: Ent d mailbox to line: ete Mailbox: Ente ange attendant nu	er change type 3, m Enter change type s r change type 6, ma <b>ımber</b> ("zero" out n	nailbox number and r 4, mailbox number (l ailbox number and na number): Enter chang	name. We will ast 5-digits of ame. Je type 7, mail	reset the password phone number) nambox number, name	r, name and ring cycle to the 5-digit mailbox me and attendant num and new attendant nu nt number (if applicab	number. nber (if applicab umber.	ole).
Change Type	Mailbox Number	Name	New Mailbox Number	Ring Cycle	Attendant Number	Organization*	BAC**	
		titute, Center or Bur	reau (i.e., NCI, FDA, Cl	BER)				
	ng Agency Code							
Voice Mail A	dministrator Use C	Only:						
Date ReceivedDate Completed:		te Completed:	User N	otified:	Completed By:			